PTO/SB/06 (08-03)
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<u> </u>	PAT	Application or Docket Number												
Substitute for Form PTO-875  CLAIMS AS FILED – PART I (Column 1) (Column 2)							SMALL E	ENTITY	OR	OTHER THAN SMALL ENTITY				
	FOR	NUMBE	R EXTRA		RATE	FEE		RATE	FEE					
BASIC FEE (37 CFR 1.16(a))								s	OR		\$			
	AL CLAIMS FR 1.16(c))		minus 20				x \$=		OR	x s=				
INDE	PENDENT CLAIM	is	minus 3				x \$ =		OR	x s=				
(37 CFR 1.16(b)) minus 3 =   *  MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+s =		OR	+s =				
							TOTAL		OR	TOTAL				
CLAIMS AS AMENDED - PART II OB OTHER THAN														
	1100	(Column 1)		(Column 2)	(Column 3)		SMALL E	NTITY	OR	SMALL				
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
ME	Total (37 CFR 1.16(c))	. M	Minus	<u> </u>	=		x \$=		OR	× \$=				
AMENDMENT	Independent (37 CFR 1.16(b))	. 2	Minus	<del>" (</del> 3	=		x \$=		OR	x s=				
AM	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDE	NT CLAIM (37 CF	R 1,16(d))		+s =		OR	+s =				
Н		-		•	J	TOTAL		OR	TOTAL					
						ADD'L FEE		J OK	ADD'L FEE	L				
Н		(Column 1)	1	(Column 2) HIGHEST	(Column 3)	1			1					
ENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
Š	Total (37 CFR 1.16(c))	•	Minus	**	=		x \$=		OR	x s=				
ENDM	Independent (37 CFR 1.16(b))	*	Minus	***	=		x \$=		OR	× s=				
A	FIRST PRESENT	ATION OF MULTIPLE		+s =		OR	+\$ =							
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE				
		(Column 1)		(Column 2)	(Column 3)	_			_					
INT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
<u>X</u>	Total (37 CFR 1.16(c))	•	Minus	**	=		× \$=		OR	× \$=				
AMENDMENT	Independent (37 CFR 1.16(b))	*	Minus	***	=		x \$=		OR	× \$=				
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$ =		OR	+ s =				
					ı	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
l'	" If the "Highest	Number Previously	Paid For	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".										

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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					Application or Docket Number									
PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003  1069 967													57	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE		OR	OTHER THAN		
TO	TAL CLAIMS							RATE FEE		FEE	1	RATE	FEE	
FO	R			NUMBER FILED		NUMBER EXTRA		BASI	BASIC FEE 37		OR	BASIC FEE	750.00	
70	TAL CHARGEA	BLE (	CLAIMS	6 mi	nus 20=	• ~		X\$	X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS		minus 3 =   *			X42=				OR	X84=		
MU	LTIPLE DEPEN	DENT	CLAIM PI	RESENT				+140=		OR	+280=			
<b>+</b> If	the difference	in col	umn 1 is	less than z	10	TOTAL 3		OR	TOTAL					
HAND GLAIMS AS AMENDED - PART II										ENTITY	OTHER THAN SMALL ENTITY			
$C^{\omega}$	(Column 1) (Column 2) (Column 3)										OR	SMALL		
AMENDMENT &		REI	MAINING . NFTER NDMENT		NUM PREVIO PAID	BER	PRESENT EXTRA	RATE	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	otal	•		Minus	-2	0	-6	X\$ 9=			OR	<b>X</b> \$18=		
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Ų	Final Presc	NTÁTION OF MULTIPLE DEPENDENT (					لللل	+140=			OR	+280=		
··											OR	TOTAL ADDIT, FEE		
	.=	(Co	lumn 1)		(Colu	mn 2)	(Column 3)	ADDIT	. FEE		ADDIT. TEE			
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ENT C		RE	XAIMS MAINÌNG NFTER ENDMENT		NUM PREVI	REST IBER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	•	I	Minus	-0	20	-	XS	9=	, ,,,,,,,	OR	X\$18=		
	Independent	ŀ	0	Minus	***	3 .		X42=				X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR			
• If the entry in column 1 is less than the entry in column 2, write "V" in column 3.														
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEEOR ADDIT. FEEOR ADDIT. FEEOR ADDIT. FEEOR ADDIT. FEEOR ADDIT. FEEOR ADDIT. FEE														
The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.														